



**Commonwealth of Massachusetts
Division of Professional Licensure
BOARD OF REGISTRATION OF ALLIED HEALTH
PROFESSIONALS**

Instructions on submitting an online verification request

1. Log in to your account or create an account on the [ePLACE Portal](#).
2. Click on the Manage Licenses, Permits, Certificates.
3. File an online application (accept terms).
4. Select the Board for your license (**Allied Health**).
5. Click on “**License Request for Verification/Certification**” and select continue.
6. Select appropriate information in drop down menu:
 - a. Type Request
 - b. License Type
 - c. License Number
 - d. Licensee Name

[File an Online Application](#) | [Manage My Licenses, Permits & Certificates](#)

License Request for Verification/Certification

1 Application Information

2 Documentation

3 E-Signature

4 Review

5 Record Issuance

Step 1 : Application Information > Application Information

You may use this application to request license verification/ certified statement to be sent to a licensing board or any other third party. A \$15.00 fee will be charged for each verification/ certified statement.

* indicates a required field.

License

LICENSE

Provide the requested information regarding the license for which you are seeking this license verification/ certified statement.

Board:	--Select--
Type of Request:	--Select--
License Type:	--Select--
License Number:	
Licensee Name: *	
Licensee Alias/Other Name:	

6. Enter Requestor Information.
7. List any special instructions if applicable.
8. Please upload your Certificate of Regulatory Board Request Form to the documents section.
9. Review information for final submission
10. Pay \$15 Verification with debit or credit card (****Please be advised that there is an additional processing fee for online payments***)